Building Teamwork Among Nurse Managers and Medical Directors:

Follow the Leaders

"When placed in leadership positions, territorial and professional differences are intensified in all organizations. For effective, efficient team work, processes for better collaboration need to be addressed."

by

Mitchell E. Kusy Thomas J. Marr Barbara Balik

The need for the establishment and maintenance of effective teamwork among nurses and physicians has been documented in the literature over the past 25 years (Chavigny, 1988; Hodes and Van Crombrugghe, 1990; Hofling et al., 1966; Makadon, 1985; Mowry and Korpman, 1987; Stein, 1967). Johnson and Boss (1992) have noted several successful applications of organization development processes in the health care environment. Appelbaum (1991) discussed team building with physicians and nurses in which mission/strategy rather than relationship building was addressed.

From many perspectives it is critical that the nursing and medical functions operate as an effective team, particularly with respect to the nursing shortage (Inglehart, 1987; Shortell, 1991; Stein, 1990). This shortage and the concomitant cost of nursing turnover make it difficult to ignore nurse/physician teams not being utilized to their optimum potential. Nurse/physician tensions also contribute to this shortage (Shortell, 1991).

Effective nurse/physician teamwork may also affect patient outcomes (Mechanic & Aiken, 1982; Prescott and Bowen, 1985).

A third perspective relates to the structure of the work of nurses and physicians. Historically, nurses and physicians structure their work in radically different ways (Sheard, 1980). Sheard noted six basic structural differences - sense of time, sense of resource, unit of analysis, work assignment, type of rewards, and sense of mastery. From this viewpoint, there is a tendency for differing expectations carrying critical implications for effective teamwork among nurses and physi-

cians.

In the literature, recommendations to effectively diagnose teamwork variables have been made but there have been few action initiatives for improving nurse manager/medical director teamwork and for recognizing the roles the nurse manager and medical director play in *modeling* teamwork. The process used in this study proposes a model of assessment and diagnostic interventions that have been initiated with nurse managers and medical directors as role models. The literature supports the concept that leaders are role models influencing how their team members perform and operate as a team (Kouzes & Posner, 1990). In order to create more effective teamwork among nurses and physicians, the leadership practices of nurse managers and medical directors should model appropriate team behavior. How leaders act as a team has a direct influence on nurse/physician team functioning.

Table 1.

Elements Supporting and Inhibiting an Effective Team Concept

Supporting Factors

- Multi-disciplinary team environment.
- Scheduled meetings to enhance information sharing.
- Preference for participative management.

Inhibiting Factors

- Lack of clarity regarding roles/expectations.
- Unclear perception regarding decision-making.
- Lack of understanding of the consequences of inappropriate physician behavior.
- Medical directors' time constraints in meeting with nurse managers.
- Nurse managers not involved in selecting the medical director for their unit.
- Nurse managers not involved in direct patient care.
- Medical directors' lack of trust with administration.
- Impediments to nursing leadership due to union contract.
- Turf issues with nurse managers and medical directors.

Setting and Target Population

The study occurred at Minneapolis Children's Medical Center, a 148 bed children's tertiary hospital with a dyadic program management design in which a nurse manager and medical director have separate and co-responsibilities for management.

The target population consisted of nurse managers and medical directors of the major programs at Minneapolis Children's Medical Center. Nurse managers were R.N.'s who managed their functional units on a day-to-day basis, with no scheduled clinical responsibilities. Medical directors were practicing physicians responsible for the quality of medical care and who managed these same units in collaboration with nurse managers. These units consisted of general medical, surgical, and special care units.

Action Research Process

The investigator, an organization development consultant, used an action research model in which data regarding problem issues were systematically gathered and analyzed followed by action as a result of the data analysis (Burke, 1987). Through process consulting (Burke, 1982), the consultant helped the group address problems; the consultant also facilitated the surfacing of group and organizational issues.

Assessment

During the assessment process, the consultant interviewed the Executive Medical Director and the Vice President of Patient Care Services. The Executive Medical Director is the Chief Medical Administrative Officer of the organization and is primarily responsible for the quality of medical care, contracting, and supervising employed and contractor physicians. Each of the medical directors reports to the Executive Medical Director. The Vice President of Patient Care Services is responsible for all nursing care; the nurse managers report to the Vice President of Patient Care Services.

A patterned interview was used and consisted of questions that focused on the importance for team functioning, support for a team perspective, and potential barriers for team effectiveness.

The responses to these questions were integrated into a series of questions that were asked of nurse managers and medical directors in a focus group format facilitated by the consultant. This process is aligned with one of the recommendations from the Shortell (1991, p.213) study. This study suggested that in order to, "develop better nurse-physician relationships . . . use focus groups with outside facilitators to address some of the more problematic issues. The focus group format is used to surface hidden conflicts and generate positive approaches." Johnson and Boss (1992) have demonstrated the success of the focus group process in the health care environment.

The questions asked of the focus group participants addressed support for nurse/physician team relationships, barriers for effective teamwork, and suggestions for improvement.

Assessment data indicated components that both supported and presented barriers to an effective team concept. (See Table I).

The consultant conducted the focus groups in homogeneous units to encourage honest reflection of, and responses to, the questions.

Feedback

The consultant synthesized responses and shared the results with the Executive Medical Director and the Vice President of Patient Care Services. The consultant encouraged planning and action by sharing results with the nurse managers and medical directors in a heterogeneous, combined group format for their review, corroboration, challenges, and additional suggestions. The group was heterogeneous to encourage a *mutual* commitment to action planning.

Intervention

Several systems were utilized to establish effective interventions. In order to solicit additional concerns and problem solving strategies, one intervention consisted of the Executive Medical Director meeting with the nurse managers collectively and the Vice President of Patient Care Services meeting with the medical directors, collectively. This process provided an opportunity to identify variables that influenced the team relationship - variables that individuals may not have felt comfortable sharing with either their boss present or their co-manager. The consultant served as an observer and facilitator at these meetings. Following these meetings, a written communication from the Executive Medical Director and the Vice President of Patient Care Services was disseminated to the medical directors and nurse managers to inform them of potential action strategies.

One strategy consisted of the Executive Medical Director and the Vice President of Patient Care Services meeting to be aligned on their approaches, organizational perspectives, and vision. This strategy provided opportunities for them to operate as a team and begin modeling this orientation to their direct reports.

Another strategy consisted of the Executive Medical Director and the Vice President of Patient Care Administration meeting together with each interdisciplinary team of nurse manager and medical director reporting to them. The purpose of these sessions was to provide opportunities to discuss enhancements, changes, and/or special support needed in each of the teams. In preparation for this series of meetings, the Vice President of Patient Care Services and the Executive Medical Director met to define consistent expectations of the nurse managers and medical directors. In preparation for these meetings, the nurse manager and medical director were asked to consider the following:

- The results from the assessment process and the top two items of concern to them.
- The critical variables that would lead to more effective patient service in their team.
- The support they need to build a more effective team.
- Potential action strategies.

To further help prepare the Vice President of Patient Care Services and the Executive Medical Director for this meeting, the consultant helped them design effective small group problem-solving strategies.

Another strategy consisted of the Executive Medical Director rewriting the expectations of medical directors. The purpose of this strategy is to present uniform guidelines to the nurse managers *and* medical directors so that roles and accountabilities would be clearly defined.

In addition, quarterly meetings will be established between the nurse managers and Executive Medical Director, *and* with the medical directors and Vice President of Patient Care Services, for purposes of discussion of mutual issues from a more proactive stance than had previously been conducted.

Evaluation

An evaluation system that would take place six months after completion of the intervention will be conducted for each interdisciplinary intact team. A retrospective evaluation format will be utilized to determine the effectiveness of the process.

The retrospective evaluation format would involve each participant of the intact interdisciplinary team determining their pre- and post-intervention perception of the organization development methods *after* the process - in a hindsight perspective. This evaluation format helps reduce response shift bias that involves the client having a different frame of reference from pre-test to post-test assessment (Preziosi & Legg, 1983). According to Terborg et al. (1980), more valid measures may be expected with the retrospective evaluation format. Specifically, the retrospective evaluation will consist of a survey disseminated to each intact team member. Data will be analyzed to discern the effectiveness of the process. They will be asked about the effectiveness of the process from two

"In the literature, recommendations to effectively diagnose teamwork variables have been made but there have been few action initiatives for improving nurse manager/medical director teamwork and for recognizing the roles the nurse manager and medical director play in modeling teamwork.

perspectives - how effectively was the team functioning six months before the process began, and how effectively are they functioning now?

Critical Dimensions to Consider

While this is not a controlled experiment where independent variables are held constant, it does provide a way to assess issues and proceed toward appropriate action. A participative management process was used in which key managers were involved not only in diagnosing issues but also in designing appropriate interventions. The clients (i.e. Executive Medical Director and Vice President of Patient Care Services) assumed a special "consultant" role by facilitating the feedback sessions and the intact team sessions in order to promote shared responsibility and ownership of the problem.

Effective nursing/physician interaction is critical for the delivery of excellent patient care, as well as program responsiveness to quality. The process attempted in this intervention places extensive autonomy in the hands of the clients by the consultant establishing a secondary "consultant" role for them. Rather than being directly involved with the intervention of each interdisciplinary team meeting collaboratively with the Executive Medical Director and the Vice President of Patient Care Services, the consultant assumed the role of a "shadow" consultant. In this role, the consultant prepared the Executive Medical Director and the Vice President of Patient Care Services to facilitate critical team issues by helping them with small group dynamics, preparing them for potential conflicts, and suggesting potentially effective action strategies. A micro approach of meeting with each team was utilized as the locus of change as opposed to a macro approach of large system change. The reason for this was that each individual team had selected issues that would be most effectively handled in their small teams.

In reviewing this organization development intervention, it is important to remember the applicability of this approach to non-health care organizations that have employees under multiple environmental stresses. In the health care environment specifically, physicians are having their autonomy threatened by third party payers, regulators, administrators, and society. Nurses are struggling to define their professional autonomy. These stressors impact the daily functions of each group. Similarly, stressors analogous to those experienced here impact a variety of organizations.

When placed in leadership positions, territorial and professional differences are intensified in all organizations. For effective, efficient team work, processes for better collaboration need to be addressed. Beginning with the leadership structure, as was conducted in this process, is a potentially effective way to proceed.

REFERENCES

Appelbaum, S.H.. (1991). Resolving Conflict via Team Building: The physician-nurse care. *Organization Development Journal.* 9 (4), 81-87.

Burke, W.W. (1987). *Organization Development: A Normative View.* Reading, MA: Addison-Wesley Publishing Company.

Burke, W.W. (1982). Organization Development: Principles and Practices. Boston: Little, Brown and Company.

Chavigny, K.H. (1988). Coalition Building between Medicine and Nursing. *Nursing Economics,* 6 (4), 179-204.

Hodes, J.R. and Van Crombugghe. (1990). Nurse-physician relationships. *Nursing Management,* 21 (7), 73-75.

Hofling, C.K., Brotzman, E., Dalrymple, S., Graves, N., Pierce, C.M., (1966). An experimental study in nurse-physician relationships. *The Journal of Nervous and Mental Disease,* 143 (2), 171-180.

Inglehart, J.K. (1987). Problems facing the Nursing Profession. *The New England Journal of Medicine,* 317 (10), 646-651.

Johnson, J.A. & Boss, R.W. (1992). Organization Development Interventions in Health Services: Looking back and moving forward. *Organization Development Journal.* 10 (1), 73-78.

Kouzes, J.M. & Posner, B.Z. (1990). The Credibility Factor: What followers expect from their leaders. *Management Review,* 79 (1), 29-33.

Makadon, H.J. (1985). Nurses and physician: Prospects for collaboration. *Annals of Internal Medicine,* 103 (1), 134-135.

Mechanic, D. & Aiken, L.H. (1982). Cooperative Agenda for Medicine and Nursing. *The New England Journal of Medicine,* 307, 747-750.

Mowry, M. & Korpman, R. (1987). Hospitals, Nursing and Medicine: The years ahead. *Journal of Nursing Administration,* 17 (11), 16-21.

Prescott, P.A. & Bowen, S.A. (1985). Physician-nurse relationships. *Annals of Internal Medicine,* 103, 127-133.

Preziosi, R.C., & Legg, L.M. (1983). Add 'then' Testing to prove training's effectiveness. *Training,* 20 (5), 48-49.

Sheard, T. (1980). The structure of conflict in nurse-physician relations. *Supervisor Nurse,* 11 (8), 14-18.

Shortell, S.M. (1991). *Effective Hospital-Physician Relationships.* Ann Arbor: Health Administration Press Perspectives.

Stein, L.I. (1967). The Doctor-Nurse game. *Archives of General Psychiatry,* 16, 699-703.

Stein, L.I. (1990). The Doctor-Nurse game revisited. *The New England Journal of Medicine,* 322, 546-549.

Terborg, J.T., Howard, G.S., & Maxwell, S.E. (1980). Evaluating planned organizational change: A method for assessing alpha, beta, and gamma change. *Academy of Management Review,* 5 (1), 109-121.

Mitchell Kusy is an Assistant Professor of Human Resource Development at The University of St. Thomas in St. Paul, MN and a practicing organization development consultant.

Thomas Marr is Executive Medical Director of Minneapolis Children's Medical Center, Minneapolis, MN and a practicing pediatric nephrologist.

Barbara Balik, R.N., M.S. is Vice President of Patient Care Services at Minneapolis Children's Medical Center.